CDC™

Public Health Practice

# Public Health Preparedness and Response Capacity Inventory

## *A Voluntary Rapid Self-Assessment*

## Local Version 1

August 2002

http://www.phppo.cdc.gov/od/inventory

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# Introduction

## Background

Public health agencies are the natural leaders in the development of cohesive public health systems. Our nation must ensure that all state and local public health organizations have a strong infrastructure and are prepared to respond to bioterrorism, outbreaks of infectious diseases, and other public health threats and emergencies through comprehensive planning, training, and evaluation.

This document, hereafter referred to as ***Capacity Inventory***, provides a rapid assessment of a public health agency's ability to respond to public health threats and emergencies. The Inventory includes measures to assess progress towards meeting each of the benchmarks and critical capacities described in the grant guidance for Fiscal Year 2002 Supplemental Funds for Public Health Preparedness and Response to Bioterrorism (Announcement Number 99051). The *Capacity Inventory* is organized into six chapters that correspond directly with the six funded focus areas of the grant guidance - Preparedness Planning and Readiness Assessment, Surveillance and Epidemiology Capacity, Laboratory Capacity - Biologic Agents, Health Alert Network/ Communications and Information Technology, Risk Communications and Health Information Dissemination, and Education and Training. Questions in the *Capacity Inventory* were derived in part from the Department of Justice Public Health Performance Assessment for Emergency Preparedness (i.e., DOJ survey), National Public Health Performance Standards assessment instruments, CDC Bioterrorism Core Capacity Project, Council of State and Territorial Epidemiologists (CSTE) capacity assessment tool, and selected state specific assessment instruments.

## Purpose and Suggested Use

We continue to solicit comments on the questions and on the critical capacities that the questions represent. The science to determine which are reliable and valid measures of preparedness is evolving.

The Inventories can be used by state and local public health agencies for self-assessment to track progress on activities described in the Bioterrorism Supplemental Funding Cooperative Agreement. The Inventory can also be used as a guide for determining capacities that ought to be in place in the Focus Areas according to current expert opinion. The grant guidance and a link to the Inventories can be found on CDC's Bioterrorism website: http://www.bt.cdc.gov/Planning/CoopAgreementAward/index.asp

## About the Instrument

### Field Test

The Inventory was field tested in a diverse sample of seven state and local health departments to determine if:

- the measures provide an accurate assessment of the critical benchmarks and critical capacities outlined in the grant guidance
- the measures reflect public health practitioner opinion of the capacities necessary to respond to bioterrorism, outbreaks of infectious diseases, and other public health threats and emergencies
- the tools are useful to state and local health departments for identifying gaps in preparedness and tracking progress in addressing gaps
- the background materials, instructions, and tools are clearly understood and correctly interpreted by users

During field testing, CDC staff observed health department staff and partners completing the Inventory tool in order to note areas of confusion and concern for further discussion. In addition, each site addressed a series of standard evaluation questions about the Inventory tools, background materials, instructions, and the recommended process for completing the tool. Information gathered during field tests was used to revise the tools and background materials.

## Validity

The Center for Health Services Management and Research at the University of Kentucky is presently assessing the validity of self-report data collected using the Capacity Inventory.

## Structure of the Instrument

### Demographics

The demographics section requests pertinent information about the public health agency and the jurisdiction it serves. This section gives helpful insight into the circumstances under which your agency protects its population.

### Focus Area Questions

The Inventory is organized into the six funded focus areas and associated sub-sections described in the grant guidance for Fiscal Year 2002 Supplemental Funds for Public Health Preparedness and Response to Bioterrorism. Each focus area includes measures pertaining to **critical capacities** and **critical benchmarks (CB)** identified in the grant as well as additional measures to further assess emergency preparedness and response capabilities. The critical capacities and benchmarks associated with a measure or group of measures are noted in the black and gray borders on the outside edge of each page. In cases where a measure applies to more than one critical capacity or focus area, the measure was included only once.

## Resource Dictionary

Definitions, information, examples, and additional resources are provided in a Resource Dictionary for all underlined terms or phrases. Terms are underlined at first use in each focus area.

## Appendices A and B

Appendices A and B are provided by CDC's National Pharmaceutical Stockpile Preparedness (NPS) program for use in answering the questions in Focus Area A, Part III.

Appendix A - National Pharmaceutical Stockpile Preparedness Checklist

Appendix B - Smallpox Vaccination Preparedness Checklist

## Instructions

In order to comprehensively evaluate a state's ability to respond to bioterrorism, outbreaks of infectious diseases, and public health threats and emergencies, the Inventory should be completed by both state and local public health agencies on an annual basis. State public health agencies should complete the State *Capacity Inventory* and local public health agencies should complete the Local *Capacity Inventory*.

Public health agencies are the intended respondents for the Inventory, however, Focus Area C, Laboratory Capacity-Biologic Agents, includes additional detailed instructions that should be reviewed carefully.

State and/or local public health agency directors should assign responsibility for coordinating completion of the Inventory to at least one staff, or to a team of staff, who can ensure that appropriate agency, emergency response, and other experts convene to answer the questions in the Inventory.

Staff most knowledgeable about agency operations in each of the respective six focus areas should coordinate the completion of the Inventory for their area. For example, the agency's information technology manager(s) and Health Alert Network coordinator should answer the questions in Focus Area E: Health Alert Network/Communications and Information Technology. Likewise, the agency's human resources training manager(s) should coordinate with Centers for Public Health Preparedness, schools of public health, and others in answering the questions in Focus Area G: Education and Training.

Pre-planning to identify subject matter expertise will afford the highest likelihood of accurate answers and the greatest degree of respect for each participant's time. We anticipate that many of the agreements and protocols identified in the focus areas have yet to be written or are not yet written to the satisfaction of all participating partners. Therefore, having all relevant partners convened will begin the process of establishing said agreements and protocols or detecting gaps in existing ones.

There are several types of questions within the Inventory: Yes/No, base question with multiple sub-questions, multiple choice, table or matrix and fill-in the blank. Questions with a base statement followed by a series of bulleted statements should be approached as though each bulleted statement were a Yes/No question where a "no" response is designated by leaving the box blank. The respondent should check all that apply for each of the multiple-part questions. Table or matrix questions require that a check be placed in the appropriate column for each row. Additional question-specific instructions are provided throughout the Inventory immediately preceding the question to which they apply.

The Public Health Practice Program Office at CDC will provide technical assistance and support for data analysis and generation of standardized reports.

## Relation to other assessment efforts

CDC has been involved in several assessment efforts including the Department of Justice (DOJ) Public Health Performance Assessment for Emergency Preparedness and the National Public Health Performance Standards Program. Both of these assessment efforts use the ten essential public health services as an organizing framework. The DOJ Public Health Performance Assessment is part of a multi-assessment process designed to assess a jurisdiction's ability to respond to incidents involving weapons of mass destruction through a combination of questions focused on both the local public health system and the local public health agency. In comparison, the state, local, and governance performance assessment tools of the National Public Health Performance Standards program are designed to assess optimal infrastructure at the state or local public health system level for the routine delivery of essential public health services.

In contrast, the Inventory provides a rapid assessment of a public health agency's preparedness to respond in times of emergency and its capacity to participate in response with its partners during an actual emergency. Although the Inventory addresses many aspects of the public health system which must be in place to accomplish routine functions, the emphasis of the Inventory is on those priority agency capacities which ensure rapid response capability including detection of biologic threats, communication of information regarding threats, and control of human consequences arising from threats.

Mobilizing state and community resources requires strategic planning. Public health officials exercising leadership to develop plans for strengthening infrastructure should review the MAPP tool – Mobilizing for Action through Planning and Partnership – found at the National Association of County and City Health Officials Website (http://www.naccho.org).

## Acknowledgements:

We would like to express our appreciation to the public health agencies in Colorado, Georgia, Iowa, Texas, Utah, Vermont and Virginia that assisted us in testing earlier versions of the Inventories. We continue to gratefully acknowledge our partnerships with the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), the National Association of Local Boards of Health (NALBOH), the Council of State and Territorial Epidemiologists (CSTE), and the Association of Public Health Laboratories (APHL) as we work together to enhance the practice of public health in our nation.

In addition, we acknowledge the layout and design expertise provided by Barbara Orisich, Public Health Practice Program Office, CDC.

## For Additional Information:

For additional information, questions, or to obtain a copy of the *Capacity Inventory*, please contact:

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# Local Public Health Preparedness and Response Capacity Inventory
# Demographic Information

Name of Local Public Health Agency: _____

Agency Website URL: _____

Name of Local Health Officer: _____

Mailing Address: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Name of Local Bioterrorism Coordinator (if applicable): _____

Phone: _____ Fax: _____

E-mail: _____

1. Categorize the public health agency's jurisdiction by selecting one of the following:

   ☐ County ☐ City ☐ City-county ☐ Township
   ☐ Multiple counties, district, or regional health department
   ☐ Other (please describe) _____

2. For purposes of identifying coverage area for this assessment, please list the geographic area(s) included in this assessment. Geographic area can include one or more counties, townships, individual cities or towns. (If more than one county is included, please list all counties). If the description of your jurisdiction is not a city, county or multiple counties, pleas list ALL ZIPCODES for the geographic area the assessment covers.

   _____
   _____
   _____
   _____

3. What is the population of the jurisdiction reported in this assessment? _____

   3a. Year of Census or year population estimate was developed: _____

4. How many people are employed by your local public health agency?

   4a. Total full-time equivalent employees (FTEs): _____

   4b. Total full-time equivalent contract employees: _____

5. What is the total agency budget for your jurisdiction? _____

6. How many full-time epidemiologists does your public health agency employ? (2 half-time employees equal 1 full-time employee) _____

7. Which of the following best describes the organization or office to which your local public health officer reports directly?

   ☐ Local board of health
   ☐ City council/county council
   ☐ County commissioner/county executive
   ☐ City or town manager
   ☐ Regional or district health director
   ☐ State health director or commissioner
   ☐ Other, specify: _____

8. Has your agency participated in:

   ☐ Mobilizing for Action through Planning and Partnerships (MAPP)?
   ☐ National Public Health Performance Standards Program?
   ☐ Other state-based assessments?

9. **EXTERNAL PARTNERS:** Please list the full name of each agency/organization involved in the Inventory process and the number of people from each agency/organization involved. Give a brief description of the type of organization (e.g., not-for-profit, county governmental social services). If community residents are participating and not representing a specific organization, please put "individual" under "Name of Agency/ Organization". If a participant represents more than one organization, please indicate that person's primary affiliation. Use additional sheets if necessary.

| Name of Organization | Number of Representatives Involved | Type of Organization |
|---|---|---|
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10. **INTERNAL PARTNERS:** Please list the name, job title or program represented, contact information, and Focus Area(s) of expertise for persons WITHIN your public health agency who participated in answering the questions in each Focus Area.

| Name | Job title/ Program | Phone | E-mail | Focus Area |
|---|---|---|---|---|
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# Focus Area A: Preparedness Planning and Readiness Assessment

## Part I: Strategic Direction, Assessment, and Coordination

1. Which activities are part of the agency's strategic planning process?

| (Check all that apply for each type of planning) | Emergency Preparedness Planning | Community Health Planning |
|---|---|---|
| Identify stakeholders | | |
| Engage stakeholders | | |
| Use data to identify health problems and gaps | | |
| Prioritize problems and gaps | | |
| Set improvement goals | | |
| Formulate a state plan that describes action steps to reach goals | | |
| Disseminate the plan among public health partners | | |
| Evaluate effectiveness of action steps | | |
| Recommend changes to action steps that prove ineffective | | |
| Establish how often the community plan will be reviewed and updated | | |

☐ The agency does not participate in a process to improve public health

2. Does the agency update high level policy-makers and elected officials on progress toward goals in the community plan to improve public health?

☐ Yes ☐ No

☐ The question is not applicable. We don't formulate a plan to improve public health.

3. Establishing relationships among public health system partners is likely the most critical aspect of emergency response. In what manner and to what extent has the agency formalized working relationships with each partner organization for the purpose of emergency response? (For each partner organization listed [pg. 2] check all boxes that apply)

- *Formal Written Agreements:* The agency and the partner organization both participate in a written jurisdiction-wide/multi-agency emergency response plan or the emergency response roles and responsibilities of the agency and partner organizations are described in a written agreement.
- *Informal Unwritten Agreements:* The agency and the partner organization agree to collaborate for emergency response, but the agreement is informal with roles and responsibilities not clearly defined in writing.
- *No Relationship:* The agency has no relationship with the organization.
- *Does Not Exist in Jurisdiction:* The organization does not exist in the jurisdiction.
- *Health Alert Network Partner:* The agency considers the organization a partner in its health alert network and ensures that the organization receives future "alerts".

| Partner Organizations | Written documentation describes relationship, roles, and responsibilities | Agreements to collaborate are unwritten and informal | No relationship | Organization does not exist in jurisdiction | Health alert network partner |
|---|---|---|---|---|---|
| State health department | | | | | |
| State laboratory (if separate from agency) | | | | | |
| City/county government elected officials | | | | | |
| County Attorney | | | | | |
| Locally headquartered state legislator | | | | | |
| Local board of health | | | | | |
| State Emergency Management Agency | | | | | |
| Local Emergency Management Agency | | | | | |
| Emergency Alert System | | | | | |
| Emergency Medical Services | | | | | |
| Metropolitan Medical Response System (MMRS) | | | | | |
| 911 dispatch | | | | | |
| Local law enforcement | | | | | |
| FBI (local/regional contact) | | | | | |
| Fire Department/HazMat | | | | | |
| Occupational health and safety agencies | | | | | |
| Local mental health authority | | | | | |
| Home health care provider agencies | | | | | |
| Managed care organizations | | | | | |
| Nursing homes/Assisted living facilities | | | | | |
| Hospitals | | | | | |
| Local hospital association | | | | | |
| Private laboratories | | | | | |
| Community indigent health centers | | | | | |
| Urgent medical care centers | | | | | |
| Local physician associations | | | | | |
| Local veterinarian associations | | | | | |
| Local pharmacy associations | | | | | |
| American Red Cross | | | | | |
| Salvation Army | | | | | |
| Active duty military hospitals | | | | | |
| National Guard | | | | | |
| Department of Human and Social Services | | | | | |
| Medical examiner | | | | | |
| Coroner | | | | | |
| Funeral directors | | | | | |
| Universities/Colleges/Schools of Public Health | | | | | |
| Education system | | | | | |
| Poison control centers | | | | | |
| Environmental protection agencies | | | | | |
| Public transportation systems | | | | | |
| Public works/sanitation/utilities | | | | | |
| Correctional institutions | | | | | |
| Tribal government representatives | | | | | |
| Representatives of foreign states/counties/provinces along international borders | | | | | |
| Public health agencies in neighboring jurisdictions | | | | | |
| Inter-faith councils | | | | | |

4. Does the agency sponsor or participate in jurisdiction-wide conferences and workshops for emergency preparedness that bring together partners and stakeholders?

   ☐ Yes ☐ No

5. Please provide the requested information for each of the following individuals:

   - Agency Director (or person at the highest level of management)
   - Deputy Director (or person at the second highest level of management)
   - Executive Director of the agency's Bioterrorism Preparedness and Response Program (IF the executive director of BT is the same person as Agency Director or Deputy Director, leave the Director of BT column blank):
     - Enter the advanced degrees the official holds (e.g. MD, DrPH, MPH, RN, MS, etc.)
     - Enter the number of years the official has worked for the agency
     - Indicate which leadership/management training the official has participated in by checking the box associated with the training. (IF the official has not participated in the training, do not mark their box for that training.)
     - Indicate which emergency management training the official has participated in by checking the box associated with the training. (IF the official has not participated in the training, do not mark their box for that training.)

| | Director | Deputy Director | Director of BT |
|---|---|---|---|
| Degrees | | | |
| Number of years employed by agency | | | |
| **Management/Leadership training** | | | |
| National Public Health Leadership Institute (PHLI) | | | |
| Regional or State sponsored Public Health Leadership Institute (PHLI) | | | |
| Management Academy for Public Health | | | |
| Other leadership/management training courses (one week or longer in duration) | | | |
| Core Legal Competencies for Public Health Professionals | | | |
| **Emergency Management training** | | | |
| Federal Emergency Management Agency (FEMA) emergency management course on Incident Command System/Unified Command | | | |
| Other FEMA courses | | | |
| Other national or regional (multi-state) bioterrorism/ emergency management courses (5 days or longer in duration) | | | |

6. For the agency bureau chiefs/ department heads (third level of management) and division/program directors (fourth level of management), estimate how many of these managers have:

   - Participated in the following types of **leadership/management training**
   - Participated in the following types of **emergency management training**

| | **No** managers | **Some** managers | **Most** managers | **All** managers |
|---|---|---|---|---|
| **Management/Leadership training** | | | | |
| Regional or State sponsored Public Health Leadership Institute | | | | |
| Management Academy for Public Health | | | | |
| Other leadership/management training courses (5 days or longer in duration) | | | | |
| **Emergency Management training** | | | | |
| National or regional (multi-state) bioterrorism/emergency management courses (3 days or longer) | | | | |
| State sponsored bioterrorism/emergency management courses (3 days or longer) | | | | |



7. Which provisions are included in your state statutes? (see Model State Emergency Health Powers Act) (Check all that apply)

- ☐ Track and contain disease through case investigation and implementation of control measures
- ☐ Share confidential information
- ☐ Establish criteria and procedures to invoke and terminate emergency health powers
- ☐ Gain access to and control facilities and property
- ☐ Enforce measures to provide for safe disposal of infectious waste
- ☐ Enforce measures to provide for safe disposal of corpses
- ☐ Control health care supplies
- ☐ Seize and destroy property
- ☐ Limit movement of individuals
- ☐ Mandate medical examinations
- ☐ Isolate and quarantine
- ☐ Vaccinate and treat
- ☐ Collect and test laboratory specimens
- ☐ Access and disclose patient records
- ☐ Temporarily license out-of-state health care personnel
- ☐ Dissemination of information to the public
- ☐ Access to mental health support personnel
- ☐ Develop plans for public health emergency response
- ☐ Authorize funding for emergency public health activities
- ☐ Address liability for death, injury, and damage including liability for patient triage
- ☐ Provide reasonable compensation for use of supplies and use/destruction of property
- ☐ Address conflicts with federal laws/prior conflicting laws
- ☐ Generate reports on actions taken during a public health emergency

8. Has the agency identified legal counsel who will be available during emergencies to advise the agency on legal matters pertaining to public health?

☐ Yes ☐ No

## Part II: Terrorism Preparedness and Response Planning

9. Does the agency have a staff member assigned the role and responsibilities of Emergency Response Coordinator?

   ☐ Yes ☐ No

10. Does the agency's jurisdiction have formal arrangements with other jurisdictions to respond as a region (multi-city, multi-county, city-county) in emergencies?

    ☐ Yes ☐ No

11. Is the agency's public health emergency response plan integrated with the: (Check all that apply)

    ☐ Jurisdiction emergency response plan?
    ☐ Regional emergency response plan?
    ☐ State public health agency emergency response plan?

    ☐ The agency does not have a public health emergency response plan

12. How does the agency assess hospital readiness for emergency response? (Check all that apply)

    ☐ Collaborates with state and federal partners (e.g., Health Resources Services Administration) charged with assessing readiness
    ☐ Includes hospitals and their representatives in emergency response exercises
    ☐ The agency assesses hospital readiness through other activities

13. Which issues are addressed in the public health emergency response plan OR addressed in other sections/annexes of the jurisdiction/regional emergency response plan and referenced in the public health plan? (Check all that apply)

### A. Plan Activation and Link to Emergency Operations Center

☐ Definition for thresholds of alert that lead to plan activation (e.g. DEFCON, Homeland Security - color alert scheme, etc.)
☐ Activation of the public health emergency response plan
☐ Communication with the Emergency Operations Center (EOC)
☐ Participation in the Incident Command System/Unified Command (ICS/UC)
☐ Participation in a Joint Information Center (JIC)
☐ Development of field operations manuals that summarize critical procedures and contact information to facilitate job performance of workers rotating into unfamiliar roles (e.g. handbooks, pocket field guides, task orientation/standard operating procedures manuals, "cheat sheets")

### B. Public Health and Medical Coordination

☐ Participation in a medical operations center linked to EOC
☐ Identification of suitable alternate facilities to ensure continuity of operations in case the agency's regular facility is uninhabitable
☐ Conference call procedures
☐ Use of standardized questionnaires across jurisdictions by military and civilian epidemiology investigators
☐ Use of consistent epidemiologic case definitions
☐ Mechanisms for robust electronic and paper information exchange (e.g., laboratory, epidemiology)
☐ Implementation of an emergency epidemiologic response including enhanced surveillance and investigation of human and animal exposures

- ☐ Management of the National Pharmaceutical Stockpile (NPS) including trained personnel to receive and distribute critical stockpile items and manage mass distribution of vaccine, antibiotics, and antidotes (see Focus Area A, Part III)
- ☐ Triage of victims
- ☐ Decontamination of mass casualties
- ☐ Institution of isolation within a health facility
- ☐ Implementation of infection control procedures
- ☐ Coordination of mass casualty transportation
- ☐ Coordination of hospital diversion policies
- ☐ Procurement and use of personal protective equipment for biologic agents for first responders and select public health staff
- ☐ Procurement and use of personal protective equipment for chemical agents for first responders and select public health staff
- ☐ Procurement and use of personal protective equipment for radiological agents for first responders and select public health staff
- ☐ Identification of special populations who may encounter barriers to health services during an emergency
- ☐ Assistance to special populations who may encounter barriers to health services during an emergency
- ☐ Referring victims and response personnel to mental health professionals for needed services, including critical incident stress counseling
- ☐ Response to mass mortuary needs
- ☐ Incorporation of National Guard Weapons of Mass Destruction: Civil Support Teams
- ☐ Incorporation of National Disaster Medical System (NDMS) into local response efforts
- ☐ Incorporation of Disaster Medical Assistance Team (DMATS) into local response efforts
- ☐ Incorporation of Disaster Mortuary Operational Response Team (DMORTS) into local response efforts
- ☐ Incorporation of Veterinary Medical Assistance Team (VMATS) into local response efforts

### C. Surge Capacity

Ascertainment of jurisdiction's and neighboring jurisdictions' local maximum capacity for:

- ☐ Emergency department beds
- ☐ Adult medicine beds
- ☐ Pediatric beds
- ☐ Burn unit beds
- ☐ Intensive care unit beds
- ☐ Multiple trauma beds
- ☐ Specialized infection control rooms (e.g. negative pressure rooms)
- ☐ Respiratory isolation units
- ☐ Respiratory ventilators
- ☐ Laboratory testing
- ☐ Medical transport vehicles

### D. Protection of Environment

- ☐ Performance of environmental hazard/risk assessments and mitigation of identified risks
- ☐ Performance of environmental surveys
- ☐ Removal of debris
- ☐ Transport and disposal of hazardous waste
- ☐ Facility security and crowd control

### E. Personnel and Provisions

- ☐ Identification of required personnel
- ☐ Identification of qualifications of required personnel
- ☐ Geographic distribution of required personnel
- ☐ Work and relief scheduling for response personnel to maintain 24 -hour operations (2-3 work shifts per day) for at least several days
- ☐ Support for families of emergency response personnel
- ☐ Organization and coordination of volunteers
- ☐ Provision of food and lodging for volunteers, individual health care providers, and emergency response workers during a public health emergency
- ☐ Verification of provisional credentials and professional liability coverage for out-of-state clinicians approved by state licensing authorities to support surge capacity policies during an emergency
- ☐ Management of donations
- ☐ Identification of shelters

### F. Recovery

- ☐ Monitoring of mental health care needs in emergency response personnel
- ☐ Monitoring of air quality
- ☐ Monitoring of water quality
- ☐ Monitoring of food quality
- ☐ Monitoring of soil quality
- ☐ Vector control
- ☐ Environmental decontamination

14. Directories containing emergency contact information for agency personnel and emergency response partners must be current, accurate, available, and accessible 24 hours per day/7 days per week. In addition to paper directories, the public health agency is expected to construct electronic directories consistent with the Public Health Information Technology (IT) Functions and Specifications. What is the present status of the agency's directory of emergency contact information?

- ☐ Paper form only
- ☐ Electronic directories **not consistent** with (IT) Functions and Specifications
- ☐ Electronic directories **consistent** with (IT) Functions and Specifications

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- ☐ The agency does not have a directory of emergency contact information

15. It is understood that first responders (e.g., law enforcement, emergency medical services, emergency management agencies) can be contacted 24 hours per day/7 days per week. Certain other critical emergency response personnel do not typically operate in a 24/7 mode. Ability to contact and talk with these persons (or their on-call delegates) must be tested periodically through unannounced drills and exercises. Under which conditions does the public health agency test its ability to reach its own personnel and key external partners through any communications means by receiving acknowledgement, within 30 minutes, that the contact is available? (Check all that apply)

| | Tested at least once every 6 months: During business hours | Tested at least once every 6 months: After-regular business hours | Not applicable or entity does not exist |
|---|---|---|---|
| Agency Director | | | |
| Agency Deputy Director | | | |
| Agency Lab Director | | | |
| Agency Epidemiology Response Coordinator | | | |
| Agency Emergency Response Coordinator | | | |
| Agency Public Information Officer | | | |
| State Public Health Commissioner | | | |
| State Public Health Deputy Commissioner | | | |
| State Epidemiologist | | | |
| State Public Health Lab Director | | | |
| Administrators of local publicly-funded hospitals | | | |
| Lab Directors of local publicly-funded hospitals | | | |
| Administrators of local private hospitals with which agency has agreement for 24/7 response | | | |
| Lab Directors of local private labs with which agency has agreement for 24/7 response | | | |

16. Which has the agency done in the past 12 months? (Check all that apply)

- ☐ Conducted a tabletop exercise(s) with individuals and organizations that have a response role
- ☐ Conducted a functional exercise(s) with individuals and organizations that have a response role
- ☐ Participated in a regional exercise(s) conducted by federal agencies
- ☐ Responded to a public health emergency (e.g. chemical spill, bio-release, suspicious letter)
- ☐ Corrected deficiencies in the emergency response plan based on knowledge gained from these evaluations
- ☐ Convened jointly, at least once, with community response partners to update the emergency response plan, even if no exercise or emergency occurred to warrant more frequent review

## Part III: National Pharmaceutical Stockpile Preparedness

Appropriate management of National Pharmaceutical Stockpile (NPS) assets requires extraordinary commitment of resources, involving 1,000 or more skilled and trained persons for each high-risk city in the state and coverage that can be mobilized to non-high risk cities and regions lacking their own NPS infrastructure. The U.S. Department of Health and Human Services transmittal letter, informing states of Bioterrorism supplemental funding awards from CDC (June 2002), emphasizes the unprecedented scope of the charge: to vaccinate or distribute antibiotics around the clock to an entire population within 3 to 5 days. Public health agencies are expected to develop detailed plans to manage NPS assets following guidance set forth in Receiving, Distributing, and Dispensing the National Pharmaceutical Stockpile, A Guide for Planners, Version 9- Draft, April, 2002

**Instructions for completing NPS and Smallpox Preparedness Function tables:**
(Questions 17 and 18)

1. Refer to Appendix A, NPS Preparedness Checklist and Appendix B, Smallpox Vaccination Preparedness Checklist. Each appendix is a checklist developed by CDC's NPS program. Each checklist identifies important functions and related activities. (Questions 17 and 18 cannot be completed without these appendices.)
2. On the checklists, indicate preparedness on each activity by putting a check mark in the column that best describes your level of progress on the activity.
3. For each Function, add the number of check marks in each column and write the total for the column along the bottom row —the row entitled "Summary Levels of Progress". (If you add the number of check marks in each column correctly, the column totals will equal the number of Function activities.)

**For example:** For the Function: Repackaging (7 activities) from the NPS Preparedness Checklist

| NPS Preparedness Function: Repackaging | Not in progress yet (red) | In progress (amber) | Completely in place (green) | Not applicable |
|---|---|---|---|---|
| Members are designated… | | | √ | |
| An appropriate number of pharmacists… | | √ | | |
| Repackaging team members…are part of… | | √ | | |
| Repackaging team members…are oriented... | | √ | | |
| Repackaging team members trained to practice… | | | √ | |
| A repackaging site... | √ | | | |
| Security is arranged…. | | | | √ |
| Summary levels of progress (column totals=7) | 1 | 3 | 2 | 1 |

4. Transfer the numbers recorded in the last row of each Function to the appropriate row in the tables for questions 17 and 18.

17. Transfer the numbers representing summary levels of progress for each Function from Appendix A, NPS Preparedness Checklist, to the table below.

| NPS Preparedness Function | Not in progress yet, but part of a designated role (red) | In progress, but not yet completely in place (or confirmed) (amber) | Completely in place (and confirmed) (green) | Not applicable or not part of jurisdiction's designated role |
|---|---|---|---|---|
| State/Local NPS Management Infrastructure (Critical Component) | | | | |
| NPS Logistics | | | | |
| Repackaging | | | | |
| Distribution (Critical Component) | | | | |
| Dispensing (Critical Component) | | | | |
| Coordination with Treatment Centers | | | | |
| Communications/Security | | | | |
| Training, Exercising, and Evaluating | | | | |

18. Transfer the numbers representing summary levels of progress for each Function from Appendix B, Smallpox Vaccination Preparedness Checklist, to the table below.

| Smallpox Vaccination Preparedness Function | Not in progress yet, but part of a designated role (red) | In progress, but not yet completely in place (or confirmed) (amber) | Completely in place (and confirmed) (green) | Not applicable or not part of jurisdiction's designated role |
|---|---|---|---|---|
| Policy/Planning | | | | |
| Staffing | | | | |
| Vaccinia Immune Globulin (VIG) Management | | | | |
| Smallpox Vaccination Sites | | | | |
| Isolation and Quarantine | | | | |
| Public Communications | | | | |

# Focus Area B: Surveillance and Epidemiology Capacity



## Part I: Public Health Surveillance and Detection Capacities

19. Do the state laws governing reports for notifiable conditions include: (Check all that apply)

- ☐ Priorities for reporting, including certain notifiable conditions designated as **immediately** notifiable?
- ☐ Authority for the State Health Officer to amend the notifiable conditions list during a declared state of emergency?
- ☐ Information on who is required to report (e.g., physicians, labs, coroners, pharmacies, veterinarians, etc.)?
- ☐ Criteria to meet before cases are reported (e.g., confirmed, presumptive, suspected, syndromic)?
- ☐ Maximum time frames for notification?
- ☐ Information on which authority(s) to notify?
- ☐ Information on reporting across jurisdictions (e.g., use of out-of-state lab; report recorded from jurisdiction where notification is made, case resides, or infection was acquired)?
- ☐ Penalties for failure to notify?

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- ☐ Our state does not have any laws to report notifiable conditions



20. Which does the agency have to receive reports of **immediately** notifiable conditions 24 hours per day/7days per week? (Check all that apply)

- ☐ Toll free phone number. Please enter this number: _____
- ☐ Fax number. Please enter this number: _____
- ☐ Electronic reporting
- ☐ A designated contact person available 24/7 to receive reports

---

- ☐ Our **state agency** is responsible for receiving reports of **immediately** notifiable conditions 24 hours per day/7 days per week
- ☐ Our agency does not receive reports of **immediately** notifiable conditions 24 hours per day/ 7 days per week

21. Which aspects of its surveillance system for notifiable conditions does the agency assess? (Check all that apply)

- ☐ Completeness of reporting (surveillance system sensitivity)
- ☐ Timeliness of reporting
- ☐ Validity of data
- ☐ Flexibility
- ☐ Acceptability
- ☐ Simplicity
- ☐ Predictive value positive
- ☐ Representativeness
- ☐ Stability

22. How does the agency attempt to strengthen relationships with reporting sources? (Check all that apply)

- ☐ Assesses and addresses barriers to reporting
- ☐ Dedicates staff time to educating reporting sources in order to improve reporting
- ☐ Dedicates staff time to providing feedback to reporting sources in order to "close" the reporting loop
- ☐ Modifies reports and data display to accommodate user needs
- ☐ The agency attempts to strengthen relationships with reporting sources through other activities

23. For each surveillance system listed, indicate (Check all that apply)

- Which surveillance activities the agency performs
- How patient data are stored. In addition to paper records, the agency is expected to construct electronic databases consistent with the Public Health Information Technology (IT) Functions and Specifications to facilitate case/contact tracking and medical treatment follow-up (e.g., vaccinated, prophylaxed, medicated, etc.)

| Surveillance System | Collect Data | Store Data | | | Analyze Data | Compile Reports | Disseminate Reports |
|---|---|---|---|---|---|---|---|
| | | Paper records only | Electronic database **not consistent** with IT specs | Electronic database **consistent** with IT specs | | | |
| Influenza | | | | | | | |
| Invasive bacterial diseases (e.g., ***meningococcal infections)*** | | | | | | | |
| Vaccine preventable diseases | | | | | | | |
| Vector borne diseases | | | | | | | |
| Food borne diseases | | | | | | | |
| Water borne diseases | | | | | | | |
| Category A list agents of bioterrorism | | | | | | | |
| Syndromes | | | | | | | |
| Vaccine Registry | | | | | | | |
| Hazardous Substances Emergency Events Surveillance (HSEES) | | | | | | | |
| Hazardous chemical, patient exposures | | | | | | | |

***[California note: changed "invasive Group A Strep" to "meningococcal infections"]***

CRITICAL CAPACITY IA

24. Does the agency have the capacity to enhance surveillance, when necessary, by:

**A. Expanding reporting sources beyond those typically used, to include timely data (preferably real time) from:** (Check all that apply)

- ☐ 911 dispatch?
- ☐ Emergency Medical Services (EMS) runs?
- ☐ Emergency department admissions/registration?
- ☐ Pharmacies?
- ☐ Poison control?
- ☐ Medical examiner/coroners?
- ☐ Schools?
- ☐ Child day care centers?
- ☐ Adult day care centers?
- ☐ Long-term care facilities?
- ☐ Veterinarians/animal control?

**B. Instituting <u>active surveillance</u> during an emergency for:** (Check all that apply)

- ☐ Notifiable diseases
- ☐ Category A list agents
- ☐ Event-related injuries

**C. Receiving, analyzing, and compiling reports on syndromic data that include:** (Check all that apply)

- ☐ Meningitis, encephalitis, or unexplained acute encephalopathy/delirium?
- ☐ Vesicular or pustular rash?
- ☐ Localized cutaneous lesion with at least one of these: puritic maculopapular rash, acute ulcer, eschar?

**D. Alerting reporting sources to notify the agency when illness presents in patterns with <u>suspicious epidemiologic features</u>?**

☐ Yes ☐ No

CRITICAL CAPACITY IIA and IIB

## Part II: Public Health Epidemiologic Investigation and Response Capacities

25. Has the agency formally assessed its epidemiology capacity?

☐ Yes ☐ No

*[CA note: clarification added]*

26. Which responsibilities has the agency assigned to its <u>epidemiology response coordinator</u> ***(lead acute disease epidemiologist)?*** (Check all that apply)

- ☐ Coordinate epidemiology response with other public health system partners in local/regional emergency response planning
- ☐ Coordinate with hospitals and/or infection control practitioners to facilitate hospital readiness
- ☐ Respond 24 hours per day/7days per week to **immediately** notifiable conditions reports or other urgent public health reports
- ☐ Lead and conduct epidemiologic investigations, analyze and interpret data, and design epidemiologic studies

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- ☐ The agency does not have an epidemiology response coordinator

***27. How many personnel does the agency employ or have access to; and are these personnel available for routine duty only, 24/7 prolonged emergency response only, or both? (For each cell in the table, indicate the number of people.)***

*[CA note: extensively reworded and rightmost column deleted to change from "check" to "indicate the number"]*

| Type of personnel | Employed | | Not employed, but agency has access to | | |
|---|---|---|---|---|---|
| | Routine duty only | Routine **and** 24/7 emergency duty | Routine duty only | 24/7 emergency duty only | Routine **and** 24/7 emergency duty |
| Biostatisticians / ***Data Managers*** | | | | | |
| Epidemiologists | | | | | |
| Environmental health scientists | | | | | |
| Registered sanitarians | | | | | |
| Health physicists | | | | | |
| Industrial hygienists | | | | | |
| Toxicologists | | | | | |
| Occupational health specialists | | | | | |
| Infection control practitioners | | | | | |
| Veterinarians | | | | | |

*[CA note: data mgrs added]*

28. Which risk and vulnerability assessments ***does the agency*** conduct (in collaboration with registered sanitarians, other environmental health specialists, and veterinarians)? (Check all that apply)

*[CA note: reworded from original]*

- ☐ Food: including production, processing, and distribution facilities, etc.
- ☐ Water: including water sources, aqueducts, water treatment, water bottling, bottled water distribution, and ice-making facilities, etc.
- ☐ Air: including ventilation systems in airport terminals, arena(s), large public buildings, etc.

29. Does the agency have a plan to accommodate surge capacity for epidemiologic investigation that includes: (Check all that apply)

- ☐ Identification of epidemiologists throughout the state who could be mobilized to local jurisdictions to assist in investigations?
- ☐ Identification of agency staff and staff of ***partners in the local public health system (e.g., infection control practitioners, EMTs)*** who have been trained in secondary roles to assist in epidemiologic investigation under the direction of a qualified epidemiologist?

*[CA note: reworded from original]*

- ☐ Formal agreements with neighboring jurisdictions to secure the services of qualified epidemiologists in the event of an emergency?

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- ☐ The agency does not have a plan to address surge capacity for epidemiologic investigation

30. Does the agency have copies of pre-prepared medical management information for agents on the critical agents list?

☐ Yes ☐ No

*[CA note: text added to 1st item]*

*[CA note: added one item]*

31. How does the agency attempt to strengthen relationships with the animal health community? (Check all that apply)

- ☐ ***Has agency veterinarian or*** recruits local veterinarian(s) to act as liaison(s) between the public health agency and the state veterinary association
- ☐ Includes local veterinarians in bioterrorism planning
- ☐ Recruits local veterinarians to act as sentinel reporters for zoonotic diseases
- ☐ ***Has a protocol or mechanism for reporting or inter-agency communication of outbreaks or cases of diseases in the animal population that may impact human populations***
- ☐ The agency attempts to strengthen relationships with the animal health community through other activities

32. Does the agency participate in CDC's Epidemic Information Exchange (*Epi-Ex*) for secure Web-based communications?

☐ Yes ☐ No

# Focus Area C: Laboratory Capacity – Biologic Agents



Some local public health agencies have laboratories and some do not. Regardless of the situation, local public health agency leadership is essential to developing an integrated system of public health, hospital, and independent labs. This system of labs must serve the jurisdiction's entire population at acceptable levels of quality and timeliness. Local public health agency directors must, therefore, foster strong relationships with all public and private labs in the community.

Focus Area C is divided into four sections:

- Section I: Questions about agency relationships with local labs and reference labs. This section applies to ALL local public health agencies, with or without a lab.
- Section II: Questions about safe laboratory practices applicable to local public health laboratories without a certified biological safety cabinet AND to Level A labs
- Section III: Questions specific to LEVEL A local public health laboratories
- Section IV: Questions specific to LEVEL B/C local public health laboratories

Intended Respondents:

Local public health **agencies without a lab**: Agency director answers **only Section I**

Local public health **labs WITHOUT a certified biological safety cabinet**: Lab director answers **Sections I and II**

Local public health **Level A labs**: Lab director answers **Sections I, II, and III**

Local public health **Level B/C labs**: Lab director answers **Sections I and IV**

## Section I (Public health agencies)

33. Which information does the agency have for all Level A labs in its jurisdiction? (The local agency should be able to obtain this information from the state lab, if the state lab collects it.) (Check all that apply)

- ☐ Name
- ☐ Street address
- ☐ Mailing address
- ☐ Phone number of lab
- ☐ Fax number of lab
- ☐ Contact information for lab director (e.g., work phone, e-mail address, fax number, home phone, pager number, cell phone)
- ☐ Contact information for supervising microbiologist/technologist (e.g., work phone, e-mail address, fax number)
- ☐ ***24/7 contact information***
- ☐ Certification and accreditation information
- ☐ Capability to Rule-Out Category A list agents
- ☐ Highest Biosafety level
- ☐ Reference labs used
- ☐ Statement of willingness and preparedness to perform emergency public health testing

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- ☐ The agency does not have information on Level A labs

***[CA note: item added]***

34. Which activities does the agency conduct to build relationships with local Level A labs? (Check all that apply)

- ☐ Dedicates staff time to establishing and maintaining working relationships with Level A laboratories
- ☐ Visits Level A labs (with or without state public health lab personnel) to enhance relationships and address barriers to collaboration
- ☐ Provides technical assistance to enhance compliance with disease reporting requirements
- ☐ Assesses capabilities for implementation of electronic disease reporting through secure electronic links constructed consistent with Public Health Information Technology (IT) Functions and Specifications?
- ☐ Sponsors local/regional emergency preparedness planning meetings with Level A lab partners to facilitate defining roles and responsibilities for emergency response
- ☐ Sponsors joint training exercises for emergency preparedness with local Level A labs
- ☐ The agency builds relationships with Level A labs through other activities

35. Can the agency assure 24/7 lab support and adherence to chain of custody for criminal evidence for: (Check all that apply)

- ☐ Local members of HazMat teams?
- ☐ Local law enforcement officers and first responders?
- ☐ Local infectious disease experts?
- ☐ The agency assures lab support and adherence to chain of custody for other groups

36. For agents on the Category A list, which labs does the agency have access to? (Check all that apply)

- ☐ Level A labs, which can rule **OUT** potential agents within 48 hours of specimen collection
- ☐ Level B labs, which can rule **IN** potential agents within 24 hours for culture isolates and 72 hours for specimens
- ☐ Level C labs, which can rule **IN** and speciate potential agents

37. Which special tests do local hospital/independent labs have access to through formal arrangements between the local agency and the state public health lab (or another reference lab)? The local public health agency often facilitates these arrangements. (Check all that apply)

- ☐ Tests on blood and urine specimens for toxic chemicals used as agents in chemical warfare? (e.g., Sarin, Tabun, Soman, VX, sulfur mustard, nitrogen mustard, Lewisite 1, phosgene, chlorine, HCN, CK)
- ☐ Tests on environmental samples for radiological elements
- ☐ Molecular typing of organisms for epidemiology (e.g. fingerprinting)
- ☐ Tests for unusual pathogens (other than Tuberculosis) under Biosafety Level 3 conditions
- ☐ Tests for direct detection of organisms using molecular methods (e.g. PCR)

38. Has the agency developed, in collaboration with law enforcement and first responders, protocols and procedures to triage specimens/samples?

☐ Yes ☐ No

39. Does the agency have a safety officer specially trained on procedures in the Select Agent Rule to manage transfer of potentially dangerous clinical and environmental specimens/samples to a reference lab?

☐ Yes ☐ No

40. Does the agency's specimen/sample transportation system:
(Check all that apply)

- ☐ Consistently meet agency expectations for proper specimen/sample handling?
- ☐ Consistently meet agency expectations for timeliness?
- ☐ Comply with current packaging and shipping regulations on infectious substances and dangerous goods?
- ☐ Accommodate electronic tracking of the specimen/sample in real time (similar to tracking done by package delivery services)?
- ☐ Accommodate transporting chemical samples?
- ☐ Accommodate transporting radiological samples?

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- ☐ The agency does not have a specimen/sample transportation system

41. Are procedures for sharing laboratory reports among state public health officials and law enforcement officers adequately addressed in the agency's emergency response/crisis communication plan?

☐ Yes ☐ No

## Section II (Public health labs without a certified biological safety cabinet AND Level A labs)

42. Has the public health lab director received Level A lab training that includes safe specimen handling, packaging, shipping, appropriate referral to higher level reference labs, and chain of custody for criminal evidence?

☐ Yes ☐ No

43. To what extent have the public health lab staff (other than the lab director) received Level A lab training?

Staff = employed and contract personnel.

- ☐ **None** have received training
- ☐ **Some** have received training
- ☐ **Most** have received training
- ☐ **All** have received training

## Section III (Level A labs)

44. Protocols to rule **OUT** three Category A list agents are currently available. Which of these agents can the public health lab rule **OUT** using available Level A lab protocols? (Check all that apply)

- ☐ Bacillus anthracis (Anthrax)
- ☐ Yersinia pestis (Plague)
- ☐ Francisella tularensis (Tularemia)

## Section IV (Level B/C Labs)

45. Which critical capacities does the public health lab have? (Check all that apply)

**A. Worker Safety**

- ☐ A Class II certified biological safety cabinet directly available where work on Select Agent is performed
- ☐ Lockable freezers/refrigerators and incubators
- ☐ Staff appropriately fitted for and trained to use personal protective equipment

**B. Qualified Personnel for testing and quality control/assurance**

- ☐ Staff fully qualified according to the requirements of their job descriptions and relevant licensing agencies
- ☐ Continuing education opportunities for selected lab personnel to attend CDC-sponsored Level B and Level C lab training
- ☐ Staff trained in use of Laboratory Response Network (LRN) protocols
- ☐ Staff specially trained on equipment and testing procedures used to identify potential agents of bioterrorism, including polymerase chain reaction (PCR) and time-resolved fluorescence (TRF) rapid assays
- ☐ A staffing plan that provides adequate coverage in emergencies
- ☐ Molecular microbiologist(s) experienced in developing and validating assays for detecting infectious organisms
- ☐ Capacity to integrate new rapid identification methods, as they become available, into current lab testing algorithms

**C. Proficiency Testing**

- ☐ Commitment to participate in CDC's Select Agent proficiency testing program
- ☐ Commitment to participate in annual exercises and simulations that test public health system readiness and lab capacity to identify Category A list agents

**D. Specimen Retention**

- ☐ Specimen retention policies that meet the Select Agent Rule

**E. Lab Security**

- ☐ Lab security that is consistent, at a minimum, with guidelines set forth in Appendix F of the CDC-NIH publication Biosafety in Microbiological and Biomedical Laboratories, 4th Edition (BMBL)
- ☐ Lab personnel recruitment, retention, and hiring policies that comply with the PATRIOT Act of 2001 (18 USC section 175b as added by section 817; P.L. 107-56)

**F. Equipment and Supplies**

- ☐ Instrumentation to perform CDC-developed, real-time polymerase chain reaction (PCR) and time-resolved fluorescence (TRF) rapid assays
- ☐ Adequate inventories of equipment, reagents, and supplies needed to detect and identify agents typically seen in other infectious disease outbreaks, including foodborne and waterborne agents that could also be used in bioterrorism

46. Does the agency have a Laboratory Information Management System (LIMS) that:
(Check all that apply)

*[CA note: "state" deleted from 1st item]*

- ☐ Functions in the majority of laboratory testing areas within the public health lab?
- ☐ Enables public health programs to access LIMS data and perform ad hoc queries?
- ☐ Enables electronic reporting to public health programs and other clients consistent with guidelines on security and exchange of data outlined in the Public Health IT Functions and Specifications?
- ☐ Has GIS capabilities consistent with guidelines provided in the Public Health IT Functions and Specifications?
- ☐ Has operating characteristics of manual and online instrument data entry, searchable databases, and monitoring results for quality standards?
- ☐ Adheres to National Electronic Disease Surveillance System (NEDSS) standards?

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- ☐ The lab does not have a LIMS

# Focus Area E: Health Alert Network/ Communications and Information Technology



47. Which capacities does the public health agency's health alert system have? (Check all that apply)

- ☐ Operates 24 hours per day/7 days per week
- ☐ Can send health alerts within 1 hour of their final approval
- ☐ Can receive health alerts within 1 hour of the time they were sent
- ☐ Is tested at least once every 3 months

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- ☐ The agency does not have a health alert system

48. Which protocols does the agency have to determine message priorities? (Check all that apply)

- ☐ Establishing levels of message urgency (e.g., alert, advisory, routine)
- ☐ Ensuring agency approval and endorsement of message content
- ☐ Authorization to send urgent messages
- ☐ Determining need for message to be acknowledged by recipient
- ☐ Selecting messaging technologies based on need and likelihood that message will be acknowledged (i.e., whether message should be sent to intended recipients by fax, e-mail, pager, cell phone, or all available means, etc.)

49. Which communications technologies does the agency have? (Check all that apply)

- ☐ E-mail accessed through dial-up modem
- ☐ E-mail accessed through "always-on" digital subscriber line (DSL), T1, or T3 line
- ☐ Fax machine
- ☐ Fax, using computer fax server for simultaneous broadcast fax (e.g., CityWatch Messaging System)
- ☐ Computer generated fax capability using e-mail application (e.g., Microsoft Outlook)
- ☐ Computer generated message capability using xml format
- ☐ Personal digital assistant (e.g. Blackberry)
- ☐ Broadcast recorded voice messaging (e.g., telephony, "Reverse 911")
- ☐ Conference phone
- ☐ Conference phone bridge
- ☐ Cell phone
- ☐ Satellite phone
- ☐ Digital pagers (numeric only)
- ☐ One-way alpha-numeric pagers
- ☐ Two-way alpha numeric pagers
- ☐ Two-way radios
- ☐ High-frequency radios
- ☐ Translation services (e.g., telephone company translation service)

50. For each type of communications equipment the agency has, under what circumstances does the agency provide training? (Check all that apply)

- ☐ When the equipment is first issued to an employee
- ☐ For any employee who wants to become more proficient or who is recommended for training by his supervisor
- ☐ Periodic refresher training

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- ☐ The agency does not provide training on each type of communications equipment

51. Which types of Information Technology (IT) expertise does the agency employ or have access to? (Check all that apply)

- ☐ Data entry
- ☐ Geographic Information Systems (GIS)
- ☐ Network management including communications and messaging expertise
- ☐ Server application management
- ☐ Database management including patient care management systems
- ☐ IT disaster and IT disaster recovery planning
- ☐ Programming, including database programming
- ☐ Web-site development
- ☐ Web-site management (i.e. Web Master)
- ☐ IT security
- ☐ Standard data vocabularies
- ☐ Data modeling
- ☐ IT internal customer support (i.e., network support)



52. For each of the following functions indicate to what extent the agency's information technology supports the function consistent with the Public Health Information Technology (IT) Functions and Specifications:

| Function | IT supports the function, but **not consistent** with IT specs | IT supports the function **consistent** with IT specs |
|---|---|---|
| Automated exchange of data between public health partners (agency end of connection) | | |
| Use of electronic clinical data for event detection | | |
| Manual data entry for event detection and management | | |
| Specimen and lab result information management and exchange (agency end of connection) | | |
| Management of possible case contacts and threat data (agency end of connection) | | |
| Analysis and visualization of data | | |
| Directories of contact information | | |
| Public health information dissemination and alerting | | |
| IT security and critical infrastructure protection | | |

53. Indicate to what extent your agency's programs are transitioning to electronic data and messaging systems:

- ☐ **No** programs have transitioned
- ☐ **Some** programs have transitioned
- ☐ **Most** programs have transitioned
- ☐ **All** programs have transitioned

54. Which has the agency accomplished? (Check all that apply)

- ☐ Determined with which partners the agency needs a secure electronic link
- ☐ Negotiated a time-line with the identified partners to build an electronic link constructed consistent with the Public Health IT Functions and Specifications

55. Is the agency connected to the state public health agency with a secure electronic link, constructed consistent with the (IT) Functions and Specifications?

☐ Yes ☐ No

56. What percent of the following partners are connected to the agency with a secure electronic link, constructed consistent with the (IT) Functions and Specifications, to enable exchange of confidential information and data:

Calculation Instructions
Numerator = number connected
Denominator = number present in jurisdiction

| | 0-24% | 25-49% | 50-74% | 75-100% |
|---|---|---|---|---|
| Hospitals (hospital labs) | | | | |
| (Non-hospital) Level A labs | | | | |
| Level B/C labs | | | | |

57. Which activities does the agency assign to one or more individuals? (Check all that apply)

- ☐ Develop a directory of contact information for public health agency personnel
- ☐ Develop a directory of contact information for all partners to whom the agency sends health alerts
- ☐ Maintain a directory of contact information for public health **agency personnel** by updating information at least monthly
- ☐ Maintain a directory of contact information for all **partners** to whom it sends health alerts by updating information at least monthly
- ☐ Distribute copies of directories to authorized public health agency staff and emergency response partners at least annually

58. Does the agency have a public Website for information that: (Check all that apply)

- ☐ Can be updated at least once per day, 7 days per week during an emergency?
- ☐ Contains information on potential, suspected, or confirmed hazards?
- ☐ Contains information on associated risks?
- ☐ Contains information on preventive measures?
- ☐ Addresses rumors and hoaxes?
- ☐ Has restricted areas with access permitted only to authenticated users?
- ☐ Can be comprehended at a eighth grade reading level?
- ☐ Includes a mechanism to contact agency staff for additional information?

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- ☐ The agency does not have a Website for public information

59. Does the agency ensure that its electronic security systems are validated and verified by persons not associated with the agency (i.e., independent validation and verification)?

☐ Yes ☐ No

# Focus Area F: Risk Communication and Health Information Dissemination

60. Which are addressed in the agency's emergency response/crisis communication plan? (Check all that apply)

**A. Messenger**

- ☐ An agency staff member and at least one alternate assigned the role and responsibilities of Public Information Officer (PIO)
- ☐ Lines of authority and responsibilities for the public information team
- ☐ Work and relief scheduling for public information team to maintain 24 hour per day operations (2-3 work shifts per day) for at least several days
- ☐ Identification of persons to act as spokespersons on public health issues during an emergency for multiple audiences and formats (spokespersons representing different ethnic groups, media spokespersons, community meetings speakers, etc.)

**B. Command and Control**

- ☐ Verification (accuracy/appropriateness), clearance and approval procedures for information that will be released to response partners, media, and public
- ☐ Coordination with public information officials from partner organizations to ensure message consistency
- ☐ Liaison between public health agency and Emergency Operations Center (EOC)
- ☐ Briefings with agency director, EOC command, and higher headquarters to update and advise on information intended for release, incident-specific policy, science, and situation

**C. Creating "Go-Kits" to enable rapid, mobile response by public information officers that include:**

- ☐ Laptop computer capable of connecting to Internet/e-mail
- ☐ CD-ROM with elements of crisis communications plan (emergency contact information, pre-prepared materials, medical management information, manuals, background information, etc.)
- ☐ Portable printer
- ☐ Cell-phone or satellite phone, pager, wireless e-mail

**D. Media Information**

- ☐ Triage of media requests and inquiries
- ☐ Response to media requests (e.g., daily press conferences, Website updates)
- ☐ Locations, equipment, and supplies for press conferences
- ☐ Production of media advisories, press releases, fact-sheets, b-roll
- ☐ Monitoring media through environmental and trend analysis (e.g., clipping service, monitoring news coverage) to determine messages needed, misinformation to be corrected, media concerns and interest during crisis

**E. Direct Public Information**

- ☐ Assessing existing telephone capacity to determine the need for additional lines during an emergency
- ☐ Response to public who request information directly from the agency by telephone (e.g., hotline), in writing, or by e-mail
- ☐ Monitoring public through environmental and trend analysis to determine messages needed, misinformation to be corrected, public concerns, and public interest during crisis
- ☐ Timeliness and accuracy of public Website information
- ☐ Public advertising of agency contact information

**F. Partner/Stakeholder Information**

- ☐ Response to requests and inquiries from partners, legislators, and special interest groups
- ☐ Regular partner briefings and updates
- ☐ Logging calls from legislators and special interest groups
- ☐ Monitoring partners through environmental and trend analysis to determine messages needed, misinformation to be corrected, partner concerns and interest during crisis

**G. Content and Material**

- ☐ Translation of EOC situation reports, health alerts, and meeting notes into information appropriate for partners
- ☐ Translation of scientific information into layman's terms and multiple languages
- ☐ Identification of subject matter experts who can effectively "validate" public health messages, and assist in the creation of situation-specific fact sheets and responses to Frequently-Asked-Questions (FAQs)

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- ☐ The agency does not have an emergency response/crisis communication plan.

61. A directory of emergency contact information for local/regional media contacts (including after-hours news desks) and PIOs from partner organizations must be current, accurate, available, and accessible 24 hours per day/7 days per week. In addition to paper directories, the agency is expected to construct electronic directories consistent with the Public Health Information Technology (IT) Functions and Specifications. What is the present status of the agency's directory of emergency contact information for media personnel and partner PIOs? (Check all that apply).

- ☐ Paper form only
- ☐ Electronic directories **not consistent** with the (IT) Functions and Specifications
- ☐ Electronic directories **consistent** with the (IT) Functions and Specifications

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- ☐ The agency does not have a directory of emergency contact information for media personnel and partner PIOs

62. Does the agency: (Check all that apply)

- ☐ Periodically assess the risk/crisis communication and media relations training needs of its own staff?
- ☐ Participate with community organizations/agencies to assess the risk/crisis communication and media relations training needs of public health partners?

63. Which topics are included in the agency's training needs assessment? (Check all that apply)

- ☐ Risk communication
- ☐ Crisis Communication
- ☐ Preparing oral and written communication tailored to each type of media (e.g., newspaper, radio, television)
- ☐ Preparing oral and written communication tailored to the majority and minority cultures of the community
- ☐ Preparing communication materials tailored to hearing and sight impaired persons in the community
- ☐ Preparing and distributing a news release
- ☐ Developing communications objectives for media appearances/publication

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- ☐ The agency does not have a training needs assessment

64. Which information dissemination vehicles does the agency use? (Check all that apply)

- ☐ Media channels (e.g., print, TV, radio)
- ☐ Website
- ☐ Phone banks
- ☐ Town-hall meetings
- ☐ List-serve e-mail
- ☐ Broadcast fax
- ☐ Letters by mail
- ☐ Newsletters
- ☐ Submissions to partner newsletters
- ☐ Regular or special partner conference calls
- ☐ Door-to-door canvassing
- ☐ Public utility bill messages or inserts
- ☐ Government access channels (e.g., cable television)
- ☐ Mass distribution through partners (e.g., churches, retailers, restaurants)
- ☐ "Reverse 911" messaging

65. Which personnel does the agency have or have access to for developing informational materials that can be used in emergencies? (Check all that apply)

- ☐ Public affairs specialist
- ☐ Health communication specialist
- ☐ Health education specialist
- ☐ Crisis communication specialist
- ☐ Training specialist
- ☐ Writer/editor
- ☐ Audio-visual specialist
- ☐ Graphics illustrator/artist
- ☐ Language translators
- ☐ Commercial printers

66. Which topic-specific materials has the agency developed or obtained before they are needed in a crisis? (Check all that apply)

- ☐ Topic fact sheet (e.g., description of disease, public health threat, treatment information, etc.)
- ☐ Public FAQs
- ☐ Partner FAQs
- ☐ Fact sheet on the topic as it relates to your agency (e.g., roles, responsibilities, and resources)
- ☐ Resource fact sheet for media/public/partners to obtain additional information
- ☐ Web links to information on the topic
- ☐ Recommendations for affected persons
- ☐ Background beta video (b-roll) for media use on the topic
- ☐ Telephone scripts in multiple languages
- ☐ Press releases/newspaper articles
- ☐ Training videos
- ☐ Computer projected presentations (e.g., Microsoft PowerPoint)

67. Has the agency engaged special populations (e.g., elderly, migrant, tribal, border, institutionalized, etc.) to identify trusted and accepted communication vehicles?

☐ Yes ☐ No

68. Does the agency have a policy to routinely route all media calls to the public information officer?

☐ Yes ☐ No

69. How does the agency evaluate its emergency response/crisis communication plan? (Check all that apply)

☐ Uses emergency preparedness drills and exercises to test its emergency response/crisis communication plan

☐ Conducts at least one debriefing with its public information staff after exercises, drills, hoaxes, and real events to discuss lessons learned

☐ Revises its emergency response/crisis communication plan based on lessons learned during exercises, drills, hoaxes, and real events

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☐ The agency does not have an emergency response/crisis communication plan

# Focus Area G: Education and Training

70. Does the agency conduct an internal training needs assessment to identify gaps in employee knowledge, skills, and abilities?

☐ Yes ☐ No

71. On which topics does the agency provide training (or collaborate to provide training) to infectious disease specialists, infection control practitioners, emergency department physicians, emergency department nurses, and other health care providers? (Check all that apply)

☐ Infections/syndromes related to the critical agents lists
☐ Epidemiology
☐ Surveillance (including syndromic surveillance)
☐ Disease reporting requirements in your state
☐ How the public health system works in your state
☐ Incident Command System/Unified Command

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☐ The agency does not collaborate with relevant partners to provide training to these practitioners.

72. With which partners does the agency have formal agreements to provide education and training to agency staff and other public health partners? (Check all that apply)

☐ Schools of public health
☐ Schools of medicine
☐ Schools of nursing
☐ Schools of veterinary medicine
☐ Centers for Public Health Preparedness ***[see California-added definition in Dictionary]***
☐ Other academic institutions
☐ Other health care organizations
☐ Other health care providers
☐ Public safety/first responders
☐ Medical examiners

73. Which does the agency provide? (Check all that apply) ***[see California-added definition of "distance learning" in Dictionary]***

☐ Someone to coordinate workforce/staff development
☐ Someone to coordinate distance learning opportunities
☐ Someone to facilitate distance learning activities (e.g., on-site moderator, technical expert)
☐ Access to distance learning for its employees
☐ Access to online learning resources for its employees (e.g., hardware, software, course fees)
☐ Access to in-person, live-speaker instruction for its employees, where appropriate

74. Which distance learning technologies does the agency use? (Check all that apply)

☐ Internet-based videoconferencing
☐ Videostreaming
☐ Satellite Video/Audio/Data broadcast uplink capability
☐ Satellite Vide/Audio/Data broadcast downlink capability
☐ Internet-delivered courses
☐ CD-ROM
☐ Audio conferencing

75. Does your agency have (or have access to) satellite downlink capabilities?

☐ Yes ☐ No

76. To familiarize workers with various emergency response roles, which opportunities does the agency provide? (Check all that apply)

☐ Joint training among its own staff
☐ Joint training between its staff and other community response personnel
☐ The agency provides other opportunities

77. Do agency staff participate in exercises and training with the state public health agency and other response organizations (including Metropolitan Medical Response System [MMRS], if applicable) using Incident Command System/Unified Command?

☐ Yes ☐ No

78. How does the agency evaluate training? (Check all that apply)

☐ Evaluates organizational emergency response competence through drills, simulations, and events
☐ Evaluates individual emergency response competence through drills, simulations, and events
☐ Evaluates effectiveness of training through drills, simulations, and events
☐ Revises training based on the results of the evaluation
☐ Incorporates lessons learned from emergency response drills, simulations, and events

79. Does the agency have written job descriptions that define knowledge, skills, and abilities needed for emergency roles and responsibilities?

☐ Yes ☐ No

***80. Does the agency promote training and education by providing a central point of information (website, bulletin) that summarizes training opportunities from multiple sources?***

***[CA note: question added]***

☐***Yes*** ☐***No***